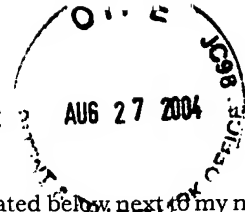


RULE 63 (37 C.F.R. 1.63)
**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE**



As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the **INVENTION ENTITLED:** **GANG SAW BOX ELEVATION ADJUSTER** the specification of which was filed on April 16, 2004 under serial number 10/825,208.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

<u>PRIOR FOREIGN APPLICATION(S)</u>			<u>Date first Laid-</u>	<u>Date Patented</u>	<u>Priority Claimed</u>
<u>Number</u>	<u>Country</u>	<u>Day/MONTH/Year Filed</u>	<u>Open or Published</u>	<u>or Granted</u>	<u>Yes</u> <u>No</u>

I hereby claim domestic priority benefit under 35 U.S.C. 120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

<u>PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)</u>		<u>Status</u>	<u>Priority Claimed</u>
<u>Application No. (series code/serial no.)</u>	<u>Day/MONTH/Year Filed</u>	<u>pending, abandoned, patented</u>	<u>Yes</u> <u>No</u>
60/464,091	21/4/03	abandoned	X

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the registered practitioners represented by **Customer No.: 20736** to prosecute this application and transact all business in the U.S. Patent and Trademark Office in connection therewith. Direct all correspondence to **Manelli Denison & Selter PLLC at Customer No.: 20736**.

1. INVENTOR'S SIGNATURE: Patrick M. Conry DATE: JULY 6 '04
Inventor's Name (typed) PATRICK M CONRY U.S.A.
First Middle Initial Family Name Country of Citizenship
Residence(City) HOT SPRINGS (State) ARKANSAS
Post Office Address (Include Zip Code) 304 REDBIRD PL, HOT SPRINGS, ARKANSAS 71913

2. INVENTOR'S SIGNATURE: _____ DATE: _____
Inventor's NAME _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____ (State) _____
Post Office Address (Include Zip Code) _____

3. INVENTOR'S SIGNATURE: _____ DATE: _____
Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____ (State) _____
Post Office Address (Include Zip Code) _____

4. INVENTOR'S SIGNATURE: _____ DATE: _____
Inventor's Name (typed) _____
First Middle Initial Family Name Country of Citizenship
Residence(City) _____ (State) _____
Post Office Address (Include Zip Code) _____